

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
SDNY PRO SE OFFICE

2016 MAR 11 AM 9:08

Dajon Thornton**16 CV 1834**

(In the space above enter the full names(s) of the plaintiff(s).)

-against-

The Department of Correctional Service Commissioner
Anthony J. Annucci**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial ☒ Yes ☐ No
(Check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Address should be included here)

I. Parties in this Complaint

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Dajon Thornton
ID# 15-B-2712
Current Institution Greene Correctional Facility
Address P.O. Box 975 Coxsack, NY 12051

- B. List all defendants' names. Positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of papers as necessary.

Defendant No. 1 Name John Doe Sergeant 11-3 Shift Shied # _____
 Where Currently Employed Coxsackie, New York 12051
 Address Coxsackie Correctional Facility 11260 Route 9W
P.O. Box 999 Coxsackie, NY 12051-0999

Defendant No. 2 Name John Doe Correctional officer 11-3 Shift Shied # _____
 Where Currently Employed Coxsackie Correctional Facility
 Address 11260 Route 9W P.O. Box 999
Coxsackie, NY 12051-0999

Defendant No. 3 Name Jane Doe Correctional officer 11-3 Shift Shied # _____
 Where Currently Employed Coxsackie Correctional Facility
 Address 11260 Route 9W P.O. Box 999
Coxsackie, NY 12051-0999

Defendant No. 4 Name John Doe Correctional officer 11-3 Shift Shied # _____
 Where Currently Employed Coxsackie Correctional Facility
 Address 11260 Route 9W P.O. Box 999
Coxsackie, NY 12051-0999

Defendant No. 5 Name _____ Shied # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claim. Do not cite any case or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? At the
Coxsackie Correctional Facility.

B. Where in the institution did the events giving rise to your claim(s) occur? The event
took place in C-1 Day room in Coxsackie Correctional Facility.

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
November 19, 2015 at approximately 8:00 AM around morning Count.

What happened to

Who did What?

Is anyone else involved?

Who else saw what?

D. Facts: On November 18, 2015, I was in my cell, minding my own business, when C.O. Jane Doe asked me for my I.D. I then responded "Why do you need my I.D.?" She then started shouting "Get up & give me your I.D." I then said "No, for what? If I didn't do nothing wrong." She then called me a "faggot" saying "Give me your fucking I.D. ~~before I write you a tier 3.~~ Before I write you a tier 3. Then we started arguing, by this time several officers approach & several of my peers told me to just give her my I.D. so I gave her my I.D. & she stated "that's why your on keep lock now". She then left with the other male officers (See Attach Paperwork)

Nobody did nothing.

Only the officers & Sergeant

Nobody.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I am experiencing back pain. I had a busted lip & swollen eye. I had an X-ray 2 times. I am currently waiting for them to do something about my back. I also experienced fear & mental health problems. Depression, Bad dreams/nightmares. Trauma.

IV. Exhaustion of Administrative Remedies:

The Prisoner Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any or Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A: Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Coxsackie Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not know ☐

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all your claim(s)?

Yes ☐ No ☐ Do Not know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other facility correctional where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint, where did you file the grievance?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the Grievance?

Coxsackie Correctional Facility.

1. Which claim(s) in this complaint did you grievance The fact that I was

attacked & assaulted & falsely placed in solitary confinement.

2. What was the result, if any? There was no results, only me being placed

in solitary confinement.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I grieved the situation all the way

to the Superintendent & Albany Commissioner. Nothing was done & they still haven't responded back to my grievance.

F. If you did not file a grievance;

1. If there are any reason why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any official of your claim, state who you informed, when and how, and their response, if any: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I was denied Grievance form, so I wrote it on a

administrative remedies. I was denied Grievance form, so I wrote it on a piece of writing paper to the Superintendent & to Albany Commissioner. I am still waiting on a response from their agency.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, That you are seeking and basis for such amount). I want the Courts to grant me

That you are seeking and basis for such amount). I want the courts to grant me compensation for the violation of my 8th amendment. Compensation of \$500,000. I want to put a stop to the Hate against us gay Americans. We should be treated equal. I believe this was also a racial attack because of my skin color. I appreciate to also be placed in a safer environment. Anywhere I can't be harmed due to my Sexuality.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

VI. Previous lawsuit:On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

- B. If your answer to A is yes, describe each lawsuit by answering questionings 1 through 7 below. (If there is more than one law suit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county) _____

3. Docket or index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No X

- D. If your answer to C is Yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, Using the same format.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county) _____
3. Docket or index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? _____

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 3rd day of March, 20 16.

Signature of Plaintiff Dajon Thornton
Inmate Number 15B-2712
Institution Address Greene Correctional Facility
PO Box 975 Coxsack, NY 12051

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3rd day of March, 20 16, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff Dajon Thornton

Exhibit A (continued Complaint stating Facts)

Facts: On November 18, 2015. I was in my cell, minding my own business, when C.O Jane Doe asked me for my I.D. I then responded "Why do you need my I.D?". She then started shouting "Get up & give me your I.D." I then said "NO, For What, if I didn't do nothing wrong". She then called me a faggot saying "Give me your fucking I.D before I write you a tier 3. Then we started arguing, by this time several officers approach & several of my peers told me to just give her my I.D. so I gave her my I.D & she stated "That's why your on keep back now". She then left with the other male officers. She came back an hour later with my I.D broken into pieces & she threw it in to my face while stating "Next time a C.O give your faggot ass a direct order, you fucking comply. The following Day November 19, 2015 at approximate 8:10 Am I was headed to a callout to see my counselor. Me & another inmate was walking when we were approached by the same female officer that I had an altercation with the day before. She then asked us where we were going & we said to see the counselor. She then told the other inmate to keep walking & told me to stand by the wall. She then approached me & said "I will get your faggot ass whopped" You don't have to do nothing. All I got to say is that you pushed me or ripped my shirt. I then said what ever, do what you got to do. She then pulled the pin & started hitting me & yelling for me to get on the ground. While I was on the ground, several male officers started to come & hit me, they kned me in my ribs & head & back & kept repeatedly assaulting me. The Sergeant came & they picked me up off the floor & the sergeant asked the female officer what happened. She said that I pushed her. ~~way~~ He then came up to me & punched me in my face, then he asked me was I hurt, I then said yes, he then hit me again then asked me the same question. By this time my lip was busted & my left eye was swelling, then they brought me to the nurses office. Before I got to the nurse office they said they will kill me if I told the truth to the nurse. If she ask me what had happen to tell her that I fell & bust my lip, I was scared for my life. I didn't have anyone to help me & I couldn't turn to the officers, because they were the ones assaulting me & threatened my life. They also told other inmates that I were gay. Now I fear for my life from all officers & all inmates, due to my sexuality. I would like to remain safe from cruel & unusual punishment, which they violated my 8th amendment. I would like for the courts to keep me safe from assault & abuse by officers & inmates, due to my sexuality. I am feeling hatic from the officers & inmates & I fear for my safety & life. I believe that they will kill me & get away with murdering because I am gay. I am currently falsely placed in solitary confinement due to this incident.

Sincerely,
Dajon Thornton

RENE CORRECTIONAL FACILITY
O. BOX 975
OXSACKIE, NEW YORK 12051-0975

NAME: Dajon Thornton DIN: 15.B.2712

RENE
CORRECTIONAL
FACILITY



Postage

\$00.71

03/04/2016

Mailed From 12051

BLOCK

RECEIVED
SDNY PRO SE OFFICE

2016 MAR 11 AM 9:08

Pro se office
United States District Court
Southern District of New York
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street Room 230
New York, New York 10007

Urgent
Legal
mail